

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

the same are true and correct, so help me God.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1158338

Form CP-4
March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #:			AP	il No.	15	
Name:				ot De	escription:	
Address 1:			_		Sec Tw	p S. R East West
Address 2:			_		Feet from	North / South Line of Section
City:	State:	Zip:+	_		Feet from	East / West Line of Section
Contact Person:			Fo	otage	es Calculated from Neares	st Outside Section Corner:
Phone: ()					NE NW	SE SW
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	ic Co	nintv.		
Water Supply Well	Other:	SWD Permit #:		-		Well #:
ENHR Permit #:	Gas Sto	orage Permit #:				VVGII #.
Is ACO-1 filed? Yes	No If not, is well	l log attached? Yes				ved on:(Date)
Producing Formation(s): List A	All (If needed attach another	r sheet)				(KCC District Agent's Name)
Depth to	o Top: Botto	m: T.D				,
Depth to	o Top: Botto	m: T.D		00 0		
Depth to	o Top: Botto	m:T.D		aggiriç	g Completed	
Show depth and thickness of	all water, oil and gas forma	ations.				
Oil, Gas or Water	r Records		Casing Reco	rd (Su	urface, Conductor & Produc	tion)
Formation	Content	Casing	Size		Setting Depth	Pulled Out
cement or other plugs were us	sed, state the character of	same depth placed from (bot	tom), to (top)	for ea	ach plug set.	
Plugging Contractor License #	# :		Name:			
Address 1:			Address 2:			
City:			Sta	ate:		Zip:+
Phone: ()						
Name of Party Responsible fo	or Plugging Fees:					
State of	County, _		, s	s.		
	(Print Nama)			E	Employee of Operator or	Operator on above-described well,

Submitted Electronically

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and

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Invoice #

Date:

Month Day Year



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Dillco Fluid Service, Inc. 513 West 4th • Hugoton, KS 67951 Phone 620-544-2929

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FRESH WATER -	SALT WATER	SERVICE WORK	
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		ļ			Drip								
		LATINGOLON	パックにんか	uck Type (check one)	Bobtail		,	Well No.		0	Disposal Well No.		
	Company Name	マルだソー	1011		Transport	Χ			0	8			
			Truck No / Trailor No	nach No. / Hailei No.	150 / 61	007 - 8:	Well Name		OX CX SX	1			
Field Office Location			Driver			しいとし	N IIOW		BOYD A	Disposal Memory			

Tank Gauges

	QTR.	
BOTTOM	2	
	14	
	QTR.	
TOP	<u>Z</u>	
ank No.		

TOTAL BARRELS	
TOTAL HOURS	2,5

JOB DESCRIPTION:

CUSTOMER'S SIGNATURE DRIVER'S SIGNATURE

FOR OFFICE USE ONLY:

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TAX	3/5 8	55.08	00795
RATE	Translat.	100 th a 140	TOTAL:
ΔTΛ	5,5	130 9815	

LOG-TECH OF KANSAS, INC. 86 SW 10 AVE. GREAT BEND, KANSAS 67530 (620) 792-2167

Date

INVOICE

		TE			Amount	0.00	2 9		Amount	22 27		unria.	\$		7-11-2-11-4	ALIOUIL.				The transition of the control	
		STATE STATE SANGE WEIGHT	FLUID LEVEL		Opput To	0	200		Total Price No. Ft. Per Ft.	and the second		Service of the servic				Coaring	-c	ir House			Sub Total
	NO.	TWP.	FLUI		No. Shots From				101												
	CUSTOMER ORDER NO.	INTY	S TECH OPERATOR		Z		St. J.	DEPTH AND OPERATIONS CHARGES	From D	Annual Control	. regge				EOUS				× -		
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CHARGE TO:	R/A SOURCE NO	NEAREST TOWN SPOT LOCATION ZERO	CUSTOMER'S T.D. ENGINEER		2000 10					The second secon						Service Charge		Z	over 1	S SUBJECT TO	
CHARGE '	R/A 9	NEARE SPOT I	CUST							- 1	Ž	V.	,		3.4	Service			nom,	PRICE	Ĺ

Date

Customer Signature

...... Tool Insurance

Code Ref.

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE, HEREBY AGREE.

Tax

CONSOLIDATED Oil Well Services, LLC

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LOCATION FOREMAN

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	PO Box 884 Chanitte KS 66720		620-431-9210 or 800-467-8676
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FIELD TICKET & TREATMENT REPORT

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DATE CUSTOMER#		WELL NAME & NUMBER	Ä	SECTION	TOWNSHIP	RANGE	COUNTY	
911113 2199	Pour	C# D	8/	8	2000	3	7,0000	
CUSTOMER		:	Servie C			74		-
(10050100Ke	EDOCOU		デジング	TRUCK#	DRIVER	TRUCK#	DRIVER	
MAILING ADDRESS	ֹז י		500 500 500 500 500 500 500 500 500 500	463	600			
			カル	869	DY:160			
CITY	STATE	ZIP CODE	12 m 1/2		Steven			
			がりかい	• • •				
JOB TYPE A S P	HOLE SIZE		FOLE DEPTH		CASING SIZE & WEIGHT	EIGHT 5/5	15.5	_
CASING DEPTH	DRILL PIPE		TUBING 2 3/2	36		OTHER		
SLURRY WEIGHT	SLURRY VOL		WATER gal/sk		CEMENT LEFT IN CASING	CASING		
DISPLACEMENT	DISPLACEMENT PSI	IT PSI	MIX PSI		RATE			
REMARKS: SOFT	Retino	Riz un	OX XXO	on Exact Well	Jorking !	Load	Shill	
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C. アルブ

FIRETOCOA	William Willia				
CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT		UNIT PRICE	TOTAL
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I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.